## (July 2000)

## Notice of Section 527 Status

OMB No. 1545-1693

Art I General Informatio  Name of organization  Mid-Central Illinois					
Mailing address (P.O. Box or nu #1 Kalmía Way	mber, street, and room or suite n	rumber)			
City or town, state, and ZIP cod			<u> </u>		
Springfield, IL 627 E-mail address of organization	<u> </u>				
	···· I o		<u> </u>		
Name of custodian of records		4b Custodian's address #1 Kalmia Way			
James C. Dalluge		/\^^^			
THE RESERVE TO SERVE THE PARTY OF THE PARTY	$S_{P}$	Springfield, IL 62702			
Name of contact person		tact person's address ! Kalmia Way			
James C. Dalluge		#1 Katimita way			
yamio or barrago	Sp	ringfield, 1L 62702			
Business address of organization	(if different from mailing address	s shown above). Number, street, and	d room or suite number		
City or town, state, and ZIP code	5				
Ttil Purpose  Describe the purpose of the organic	enization				
· · · •		e willing to address	and support		
	******************************	<del>-</del>			
vorkers Health, safe	ty and standard of	living for the bette	rment of their		
	•••				
families.					
·····					
List of All Related Name of related entity	Entities (see instructions)  8b Relationship				
142 he of related entity	do Relationship	8c Address	<del></del>		
MCIDCC	Management of	#1 Kalmia Way			
PAC Fund	Organizations				
	Operations	Springfield, IL 6	2702		
CIDCC	Management of	#1 Kalmia Way			
& C Fund	Organizations	***************************************			
	Operations	Springfield, IL 6	2702		
СІФСС	Management of	#1 Kalmia Way	professional and the state of t		
romotional fund	Organizations		RECEIVED		
	Operations	Springfield, IL 6	2702		
		,	작 JUL 2 8 2000		
CIDCC	Management of	#1 Kalmia Way	4, 04£ N O 2000		
eneral Fund	Organizations	Springfield, IL 6	2702 OGDEN, UT		
	Operations	Opening cold, xb 0	TOOPEN, O)		
			* 4A.		

	Jirectors, and Highly	Compensated Employees   9c Address	see instructions)
9a Name	9b Title	9C Address	
No Officers receive compensation			·····
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	}		
	-	••••	*****
Under penalties of perjury. I d	eclare that the organization name	ed in Part I is to be treated as an organ	ization described in section 527 of the interm
Revenue Code, and that I have it is true, correct and complete	e examined this notice, including	accompanying schedules and statemen	ts, and to the best of my knowledge and belie
Sign \	- C - D ( )	um b_	July 27, 2000
Sign Signature of authorized	l official	7	Date
	Print	ed on recycled paper	Form 8871 (7-200